

ARIZONA DIVISION OF EMERGENCY MANAGEMENT PROPOSAL FOR PUBLIC ASSISTANCE 406 HAZARD MITIGATION

*** THIS FORM MUST BE ATTACHED TO THE APPROPRIATE PROJECT WORKSHEET ***

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|----------------|----------|------|
| APPLICANT NAME | PCA # | PW # |
| PROJECT NAME | LOCATION | DATE |

1. Description of proposed mitigation measures or project:

a. Describe any previous damage, which has been caused by a disaster. (Include any damage from the current disaster and any repetitive damage.

b. Describe the work that will be necessary to prevent damage from occurring in the future or reducing substantially the damage that would occur if a similar event occurred again.

2. The estimated cost for the proposed mitigation measure or project is:

Project Worksheet Amount
\$

Additional Amount for Mitigation
\$

Project Total
\$

(ensure that detailed and complete documentation is submitted supporting each grant request.)

3. Explain how the cost of the project compares with the anticipated value of future damage reduction (the benefits must be greater than the cost.) Also include a detailed work schedule (this should correspond with cost categories.)

4. This program requires a 75/25 cost sharing; 75% State and 25% Local.
Has funding been committed to support the non-state share? ☐ Yes ☐ No
Describe the non-state funding source:

5. Does the applicant agree to provide the necessary maintenance required after completion of the project?

☐ Yes ☐ No

6. Does this proposal address a recurrent or repetitive problem rather than a one-time event?

☐ Recurrent/Repetitive Problem ☐ One-Time Event
Are benefits permanent or long-term rather than temporary or short-term?

☐ Permanent/Long-Term ☐ Temporary/Short-Term

THE FOLLOWING ITEMS MUST BE INCLUDED IN THIS APPLICATION: COPY OF PROJECT WORKSHEET, SPECIAL CONSIDERATIONS FORM, AND DETAILED MAP OF THE LOCATION OF PROPOSED MITIGATION.

The undersigned does hereby submit this application for financial assistance under the State Hazard Mitigation Public Assistance Program and does certify that the organization/community/county will fulfill all requirements of the program as contained in the program guidelines.

Signature of Applicant Agent: _____ Date: _____